

DIVISION OF WORKERS' COMPENSATION
IN THE DISTRICT OFFICE OF: _____
Workers Compensation Appeals Board

Applicant,

v.

Defendant(s).

EXPEDITED HEARING REQUEST
and COVER SHEET

DWC/WCAB Case No.:

DATE:

TIME:

LOCATION:

1. Moving party is: _____. Request is hereby made for an Expedited Hearing pursuant to Labor Code §5502(b).

2. The basis of this LC§5502(b) request is (check appropriate box(es)):

- ☐ Medical treatment pursuant to Labor Code §4600
- ☐ Entitlement / Amount of temporary Disability indemnity payments.
- ☐ Vocational Rehabilitation services
- ☐ Multiple employer responsibility - two or more employers dispute liability.
- ☐ Other (explain): _____.

3. The undersigned hereby affirms under penalty of perjury that s/he has made the following efforts to resolve the conflict:

_____.

4. The undersigned hereby affirms under penalty of perjury that s/he has notified the parties by:

- ☐ Phone call and discussion with : _____ on _____, 20__.
- ☐ Facsimile service to: _____ on _____, 20__.
- ☐ Other (describe manner and date): _____.

DATED: _____

Signed by Moving Party (or representative)